

EXHIBIT “F”



Abington Memorial Hospital

History & Physical

Summary 02/22/2012 00:00 through 02/22/2012 23:59

HP

Permanent Chart Copy

DCOBV

STRIMBER, ABRAHAM

MM__

MR#: 0482935

FIN#: 1205350964

DOB: 11/14/1950

AdmitDate: 02/22/2012

DR: Watson, Robert

Age: 61y

Service: Observation

History & Physical

*** This Document Has Been Modified ***

Originally Created: 2/22/2012 4:09:00 PM

By: Turner, Margo (MD)

SERVICES:

• Div/Dept

Internal Medicine

CHIEF COMPLAINT:

:

Chief Complaint: chest / epigastric / back pain , n/v/d

History Source: patient, spouse

HISTORY OF PRESENT ILLNESS:

:

HPI: Patient is a 61 year old man who is s/p valve replacement surgery (avr & ?? mvr) who presents to ER for e/o legs vibrating and abdomen feeling like it is going to explode. Pt reports that abdominal pain is mid epigastric, pt had one episode of diarrhea yesterday and has vomited once in ER. Pt describes eating radishes, tomatoes, eggs and lox today and feeling these symptoms after that. Pt had non contrast ct abd in ER and is admitted for further evaluation and management.

MEDICATIONS TAKEN AT HOME (entered in Sunrise MedRec):

Warfarin., mg, PO, DAILY (2900); patient dose varies between 5 and 7.5 mg daily depending on inr results, 22-Feb-2012, Historical

Metoprolol, (L OPRESSOR) Tablet/par 12.5 mg, ORAL, DAILY, 22-Feb-2012, Historical

Multivitamin Therapeutic, Tablet/par 1 tablet(s), ORAL, DAILY, 22-Feb-2012, Historical

ALLERGIES:

- Iodinated contrast: Z_Anaphylaxis
- Iodinated radiocontrast dyes: Undefined
- IVP dye: Undefined
- Iodinated radiocontrast agents: Z_Entered brand

REVIEW OF SYSTEMS:

Comments:

∴ All other system are noncontributory.

PHYSICAL EXAM TEXT:

Physical Exam Text:

Physical Exam Text: vs : bp 131/59 p 70 r 18

heart : s1 & s2 in rr

lungs : bs + both lung fields

abd : nabs, soft, non tender, no cral



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ext : no e / no p

neuro : non focal examination

LAB RESULTS:

22-Feb-2012 12:37

PTT.	40
Glucose (Random)	141
BUN	14
Creatinine	1.32
Sodium Level	141
Potassium	3.7
Chloride	105
Carbon Dioxide	23
Anion Gap	17
AST	26
ALT	18
Alkaline Phosphatase	68
Calcium Level	8.9
Albumin	4.3
Total Protein	6.6
Calculated GFR	55
GFR African American	>60
Bilirubin, Total	0.5
CK w/Reflexive MB	161
INR	2.8
WBC	12.1
RBC	5.02
Hemoglobin	15.0
Hematocrit	43.8
Platelets	192
MCV	87.4
MCH	29.9
MCHC	34.2
RDW	12.7



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MPV	8.1
Neutrophils	80
Lymphs	11
Monocytes	8
EOS	1
Basos	0
Absolute Neutro	9.7
Absolute Mono.	1.0
Absolute EO	0.1
Absolute Baso.	0.0
Absolute Lymph.	1.3

OTHER RESULTS:

Radiology Results:

Cat Scan:

22-Feb-2012 12:57, CT ABD/Pelvis W/O Contrast

CT ABD/Pelvis W/O Contrast: FINAL CT ABD PEL W/O CONTRAST HISTORY: Mid upper abdominal and back pain. TECHNIQUE: Helical axial images were obtained from the domes of the diaphragm through the pubic symphysis. Neither oral nor intravenous contrast was administered. Coronal and sagittal reformatted images were also evaluated. Comparison: None. FINDINGS: The patient is status post median sternotomy. The heart is enlarged. There is no pericardial effusion. There is dependent atelectasis at the lung bases posteriorly. Evaluation of the abdominal and pelvic organs is limited without intravenous contrast. The liver is unremarkable without evidence of solid mass or biliary ductal dilatation. The gallbladder is unremarkable in appearance. The spleen is normal in appearance. The pancreas is unremarkable. The right adrenal gland is unremarkable. There is a subcentimeter low-attenuation nodule in the left adrenal gland which likely represents an adenoma. There are no abnormally enlarged mesenteric, retroperitoneal, pelvic, or inguinal lymph nodes. There is a small fat containing left inguinal hernia. The prostate gland is unremarkable. The urinary bladder is normal in appearance without focal mass or wall thickening. There is no bowel obstruction, bowel wall thickening, or free air. No free fluid is visualized. An normal appendix is visualized. No hydronephrosis or renal calculus is seen. There is a cystic lesion in the lower pole the left kidney, which is likely a simple cyst, however is incomplete characterized on this noncontrast examination. Repeat study with intravenous contrast and be helpful to better characterize the nature of this lesion. There is minimal aortic atherosclerosis. There is no aneurysmal dilatation or evidence of dissection or rupture on this noncontrast study. There are mild scoliotic and degenerative changes of the spine. No destructive bony lesions are visualized. Impression: Somewhat limited study without intravenous contrast. Cystic lesion



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in the left kidney is likely a simple cyst, however it is incompletely characterized without intravenous contrast. Ultrasound of the kidneys or CT scan with intravenous contrast would be helpful to better determine the nature of this lesion. No abdominal aortic aneurysm. No evidence of dissection on this noncontrast study. Cardiomegaly. Signed by: GOLDMAN, YEDIDA Signed on: 02/22/2012 13:31:31

PLAN COMMENTS:

Comments (Assessment and Plan): 1) chest / epigastric / back pain - nc cl abd done, telemetry, trend co, pkg, anti emetics and analgesics
2) history of valve replacement surgery - inr 2.6, coumadin on hold as pt is npo - await further recommendations
3) n/v/d - npo, ivf, stool culture & stool for c. diff
Meds and plans as per orders.

Electronic Signatures:

Turner, Margo (MD) (Signed 22-Feb-2012 20:20)

Entered: SERVICES, CHIEF COMPLAINT, HISTORY OF PRESENT ILLNESS, MEDICATIONS TAKEN AT HOME (entered in Sunrise Med Rec), OMP, ALLERGIES, REVIEW OF SYSTEMS, PHYSICAL EXAM TEXT, LAB RESULTS, OTHER RESULTS, ASSESSMENT & PLAN, PLAN COMMENTS,
Authored: SERVICES, CHIEF COMPLAINT, HISTORY OF PRESENT ILLNESS, MEDICATIONS TAKEN AT HOME (entered in Sunrise Med Rec), OMP, ALLERGIES, REVIEW OF SYSTEMS, PHYSICAL EXAM TEXT, LAB RESULTS, OTHER RESULTS, ASSESSMENT & PLAN, PLAN COMMENTS
Last Updated: 22-Feb-2012 20:20

Edit History

HPI

Patient is a 61 year old man who is s/p valve replacement surgery (avr & ?? mvr) who presents to ER for c/o legs vibrating and abdomen feels like it is going to explode. Pt reports that abdominal pain is mid epigastric, pt had one episode of diarrhea yesterday and has vomited once in ER. Pt describes eating radishes, tomatoes, eggs and lox [Originally Entered by: Turner, Margo (MD) on: 2/22/2012 4:28:30 PM]
Patient is a 61 year old man who is s/p valve replacement surgery (avr & ?? mvr) who presents to ER for c/o legs vibrating and abdomen feeling like it is going to explode. Pt reports that abdominal pain is mid epigastric, pt had one episode of diarrhea yesterday and has vomited once in ER. Pt describes eating radishes, tomatoes, eggs and lox today and feeling these symptoms after that. Pt had non contrast ct abd in ER and is admitted for further evaluation and management. [Changed to this value by: Turner, Margo (MD) on: 2/22/2012 8:20:12 PM]



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Warfarin..., mg, PO, DAILY (2100); patient dose varies between 5 and 7.5 mg daily depending on inr results, 22-Feb-2012,

Historical [Selected by: Turner, Margo on: 2/22/2012 4:15:46 PM]

Metoprolol, (. LOPRESSOR) Tablet 2.5 mg, ORAL, DAILY, 22-Feb-2012, Historical [Selected by: Turner, Margo on:

2/22/2012 4:15:46 PM]

Multivitamin Therapeutic, Tablet 1 tablet(s), ORAL, DAILY, 22-Feb-2012, Historical [Selected by: Turner, Margo on:

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ALLERGIES

Iodinated contrast, Z_Anaphylaxis [Selected by: Turner, Margo on: 2/22/2012 4:15:46 PM]

Iodinated radiocontrast dyes, Undefined [Selected by: Turner, Margo on: 2/22/2012 4:15:46 PM]

IVP dye, Undefined [Selected by: Turner, Margo on: 2/22/2012 4:15:46 PM]

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 BUN 14
 Creatinine 1.32
 Sodium Level 141
 Potassium 3.7
 Chloride 105
 Carbon Dioxide 23
 Anion Gap 17
 AST 26
 ALT 18
 Alkaline Phosphatase 68
 Calcium Level 8.9
 Albumin 4.3
 Total Protein 6.6
 Calculated GFR 55
 GFR African American >60
 Bilirubin, Total 0.5
 CK w/Reflexive MB 161
 INR 2.8
 WBC 12.1
 RBC 5.02
 Hemoglobin. 15.0
 Hematocrit 43.8
 Platelets 192
 MCV 87.4
 MCH 29.9
 MCHC 34.2
 RDW 12.7
 MPV 8.1
 Neutrophils 80
 Lymphs 11
 Monocytes 8
 EOS. 1
 Basos 0
 Absolute Neutro 9.7
 Absolute Mono. 1.0
 Absolute EO 0.1
 Absolute Baso. 0.0
 Absolute Lymph. 1.3

[Selected by: Turner, Margo on: 2/22/2012 4:15:46 PM]



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Radiology Results

CT ABD/Pelvis W-O Contrast, U, FINAL CT ABD PEL W O CONTRAST HISTORY: Mid upper abdominal and back pain. TECHNIQUE: Helical axial images were obtained from the domes of the diaphragm through the pubic symphysis. Neither oral nor intravenous contrast was administered. Coronal and sagittal reformat images were also evaluated. Comparison: None. FINDINGS: The patient is status post median sternotomy. The heart is enlarged. There is no pericardial effusion. There is dependent atelectasis at the lung bases posteriorly. Evaluation of the abdominal and pelvic organs is limited without intravenous contrast. The liver is unremarkable without evidence of solid mass or biliary ductal dilatation. The gallbladder is unremarkable in appearance. The spleen is normal in appearance. The pancreas is unremarkable. The right adrenal gland is unremarkable. There is a subcentimeter low-attenuation nodule in the left adrenal gland which likely represents an adenoma. There are no abnormally enlarged mesenteric, retroperitoneal, pelvic, or inguinal lymph nodes. There is a small fat containing left inguinal hernia. The prostate gland is unremarkable. The urinary bladder is normal in appearance without focal mass or wall thickening. There is no bowel obstruction, bowel wall thickening, or free air. No free fluid is visualized. A normal appendix is visualized. No hydronephrosis or renal calculus is seen. There is a cystic lesion in the lower pole of the left kidney, which is likely a simple cyst, however is incompletely characterized on this noncontrast examination. Repeat study with intravenous contrast and be helpful to better characterize the nature of this lesion. There is minimal aortoiliac atherosclerosis. There is no aneurysmal dilatation or evidence of dissection or rupture on this noncontrast study. There are mild scoliotic and degenerative changes of the spine. No destructive bony lesions are visualized. Impression: Somewhat limited study without intravenous contrast. Cystic lesion in the left kidney is likely a simple cyst, however it is incompletely characterized without intravenous contrast. Ultrasound of the kidneys or CT scan with intravenous contrast would be helpful to better determine the nature of this lesion. No abdominal aortic aneurysm. No evidence of dissection on this noncontrast study. Cardiomegaly. Signed by: GOLDMAN, YBIDA Signed on: 02/22/2012 13:31:31 [Selected by: Turner, Margo on: 2/22/2012 4:15:46 PM]

Comments (Assessment and Plan)

- 1) chest / epigastric / back pain - no ct abd done, telemetry, trend co, ekg, consult Cardiology, anti emetics and analgesics
 - 2) history of valve replacement surgery - inr 2.8, coumadin on hold as pt is npo - await Cardiology recommendations
 - 3) n/v/d - npo, ivf, stool culture
- Meds and plans as per orders. [Originally Entered by: Turner, Margo (MD) on: 2/22/2012 4:15:46 PM]
- 1) chest / epigastric / back pain - no ct abd done, telemetry, trend co, ekg, anti emetics and analgesics
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Last Updated / Modified 02/22/2012 20:20:12

Turner, Margo (MD)